



JOSEPH KELLY
TREASURER AND TAX COLLECTOR

COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

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March 17, 2015


The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

17 March 17, 2015


PATRICK OZAWA
ACTING EXECUTIVE OFFICER

REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT (ALL DISTRICTS AFFECTED) (3 VOTES)

SUBJECT

This is to request Board approval to accept compromise offers of settlement for patients who were injured in a third party compensatory accident and received medical care at a County facility. The Treasurer and Tax Collector (TTC) entered into negotiations with the liable parties and reached the following settlement agreements which were beyond the TTC's authority.

IT IS RECOMMENDED THAT THE BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the following compromise offers of settlement:

1. Account Number 12802180 in the amount of \$ 4,004.28
2. Account Number 12845944 in the amount of \$33,059.09
3. Account Number 12680136 in the amount of \$ 2,188.05
4. Account Number 12830360 in the amount of \$ 9,043.50
5. Account Number 12791687 in the amount of \$ 4,462.23
6. Account Number 12868085 in the amount of \$ 5,000.00
7. Account Number 12808991 in the amount of \$ 4,884.66
8. Account Number 12817164 in the amount of \$30,306.29
9. Account Number 12869919 in the amount of \$ 4,884.00
10. Account Number 12842191 in the amount of \$ 9,582.92
11. Account Number 12868454 in the amount of \$ 4,400.91

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

These compromise offers of settlement are recommended because the subject patients are unable to pay the full amount of charges and the compromise offers represent the maximum amount the Department was able to negotiate or was offered under the legal settlement requirements involved in these cases.

The best interest of the County would be served by authorizing acceptance of these compromise offers of settlement, as they will ensure maximum possible collection on these accounts.

Implementation of Strategic Plan Goals

The recommended action supports Goal 1, Operational Effectiveness/Fiscal Sustainability, of the County's Strategic Plan by collecting funds owed to the County.

FISCAL IMPACT/FINANCING

Authorizing acceptance of these compromise offers of settlement will enable the County to maximize collections on these accounts.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Under County Code Chapter Section 2.52.040 (L), the Treasurer and Tax Collector has the authority to reduce patient account liabilities by the greater of: (i) \$15,000, or (ii) \$75,000 or 50 percent of the account balance, whichever is less. Any reduction exceeding this authority requires Board approval. These account reductions exceed this authority.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

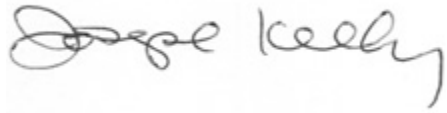
Authorizing acceptance of these compromise offers of settlement will result in net revenues for the County, which will in turn assist the County in meeting its fiscal responsibilities.

The Honorable Board of Supervisors

3/17/2015

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Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Joseph Kelly". The signature is fluid and cursive, with the first name "Joseph" written in a more compact, looped style, and the last name "Kelly" written in a more open, flowing style.

Joseph Kelly

Treasurer and Tax Collector

JK:BR:apl

Enclosures

c: Interim Chief Executive Officer

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES - TREASURER AND TAX COLLECTOR
TRANSMITTAL NO. 134A

| | | | |
|---------------------------|-------------|----------------|------------------------|
| Amount of Aid | \$87,377.00 | Account Number | 12802180 |
| Amount Paid | 0.00 | Name | Adult Male |
| Balance Due | \$87,377.00 | Service Date | 05/25/2012–11/21/2012 |
| Compromise Amount Offered | 4,004.28 | Facility | LAC USC Medical Center |
| Amount to be Written Off | \$83,372.72 | Service Type | Inpatient/Outpatient |

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$87,377.00. The client had restricted Medi-Cal that only covered emergency transportation. The client did not have private insurance.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

| Disbursements | Total Claim | Proposed Settlement | Percent of Settlement |
|--|--------------|---------------------|-----------------------|
| Attorney Fees | \$ 6,000.00 | \$ 6,000.00 | 40.00% |
| Attorney Cost | 564.93 | 564.93 | 3.77% |
| B & B Pharmacy | 538.00 | 125.41 | 0.84% |
| County of Los Angeles | 87,377.00 | 4,004.28 | 26.70% |
| Imandel Diagnostic Imaging | 2,600.00 | 606.06 | 4.04% |
| Kennedy Occupational | 7,930.00 | 1,848.48 | 12.32% |
| Medi-Cal-California Department of Health Care Services | 144.37 | 33.35 | 0.22% |
| Sobol Orthopedic | 3,800.00 | 885.78 | 5.91% |
| Net to Client | N/A | 931.71 | 6.20% |
| Total | \$108,954.30 | \$15,000.00 | 100.00% |

Our financial investigation reveals that the client supports himself with a marginal income. The client has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES - TREASURER AND TAX COLLECTOR
TRANSMITTAL NO. 134B

| | | | |
|---------------------------|--------------|----------------|-------------------------|
| Amount of Aid | \$266,056.00 | Account Number | 12845944 |
| Amount Paid | 0.00 | Name | Adult Male |
| Balance Due | \$266,056.00 | Service Date | 07/28/2013 – 11/04/2013 |
| Compromise Amount Offered | 33,059.09 | Facility | LAC USC Medical Center |
| Amount to be Written Off | \$232,996.91 | Service Type | Inpatient/Outpatient |

JUSTIFICATION

The client was involved in a motorcycle versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$266,056.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

| Disbursements | Total Claim | Proposed Settlement | Percent of Settlement |
|--------------------------|--------------|---------------------|-----------------------|
| Attorney Fees | \$ 33,333.33 | \$ 33,333.33 | 33.33% |
| Attorney Cost | 250.00 | 250.00 | 0.25% |
| Cole Schaeffer Ambulance | 2,207.25 | 275.98 | 0.28% |
| County of Los Angeles | 266,056.00 | 33,059.09 | 33.06% |
| Net to Client | N/A | 33,081.60 | 33.08% |
| Total | \$301,846.58 | \$100,000.00 | 100.00% |

Our financial investigation reveals that the client is currently unemployed and financially supports himself from savings and by performing odd jobs.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES - TREASURER AND TAX COLLECTOR
TRANSMITTAL NO. 134C

| | | | |
|---------------------------|-------------|----------------|----------------------------|
| Amount of Aid | \$30,389.00 | Account Number | 12680136 |
| Amount Paid | 0.00 | Name | Adult Female |
| Balance Due | \$30,389.00 | Service Date | 12/20/2011 – 12/28/2011 |
| Compromise Amount Offered | 2,188.05 | Facility | Harbor UCLA Medical Center |
| Amount to be Written Off | \$28,200.95 | Service Type | Inpatient/Outpatient |

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Harbor UCLA Medical Center at a cost of \$30,389.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

| Disbursements | Total Claim | Proposed Settlement | Percent of Settlement |
|---------------------------------|-------------|---------------------|-----------------------|
| Attorney Fees | \$ 5,000.00 | \$ 5,000.00 | 33.33% |
| Attorney Cost | 717.74 | 717.74 | 4.78% |
| California Hand Surgery & Ortho | 6,308.00 | 456.08 | 3.04% |
| California Imaging Network Inc. | 2,830.00 | 204.72 | 1.36% |
| County of Los Angeles | 30,389.00 | 2,188.05 | 14.59% |
| Dr. Coppelson | 4,570.00 | 330.40 | 2.20% |
| Dr. Geula Brotman | 2,650.00 | 191.86 | 1.28% |
| Dr. Tauber | 3,620.00 | 261.84 | 1.75% |
| Federal Medical Group | 820.00 | 59.51 | 0.40% |
| McCormick Ambulance | 1,584.09 | 114.74 | 0.76% |
| MSC Interpreting Service | 285.00 | 20.48 | 0.14% |
| Primex Clinical Lab | 1,300.50 | 94.27 | 0.63% |
| Serge Obukhoff, M.D. | 1,050.00 | 76.18 | 0.51% |
| West Star Physical Therapy | 10,720.00 | 775.53 | 5.17% |
| Net to Client | N/A | 4,508.60 | 30.06% |
| Total | \$71,844.33 | \$15,000.00 | 100.00% |

Our financial investigation reveals that the client is unemployed and is supported financially by her spouse on his marginal income. The client has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES - TREASURER AND TAX COLLECTOR
TRANSMITTAL NO. 134D

| | | | |
|---------------------------|-------------|----------------|-------------------------|
| Amount of Aid | \$30,313.00 | Account Number | 12830360 |
| Amount Paid | 0.00 | Name | Adult Female |
| Balance Due | \$30,313.00 | Service Date | 05/12/2013 – 10/28/2013 |
| Compromise Amount Offered | 9,043.50 | Facility | LAC USC Medical Center |
| Amount to be Written Off | \$21,269.50 | Service Type | Inpatient/Outpatient |

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$30,313.00. The client did not have Medi-Cal and there was no private insurance involvement.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

| Disbursements | Total Claim | Proposed Settlement | Percent of Settlement |
|--|--------------|---------------------|-----------------------|
| Attorney Fees | \$ 40,000.00 | \$ 40,000.00 | 40.00% |
| Attorney Cost | 911.22 | 911.22 | 0.91% |
| A.H.C. At Home Care | 6,345.00 | 1,713.11 | 1.71% |
| City of Los Angeles Fire Department | 1,514.75 | 407.54 | 0.41% |
| County of Los Angeles | 30,313.00 | 9,043.50 | 9.04% |
| Dr. Kasravi, M.D. | 1,400.00 | 376.67 | 0.38% |
| Rancho Los Amigos National Rehabilitation Center | 68,796.00 | 14,509.39 | 14.51% |
| Vital Imaging | 2,346.00 | 631.19 | 0.63% |
| Net to Client | N/A | 32,407.38 | 32.41% |
| Total | \$151,625.97 | \$100,000.00 | 100.00% |

Our financial investigation reveals that the client is unemployed and is supported financially by her spouse on his marginal income. The client has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES - TREASURER AND TAX COLLECTOR
TRANSMITTAL NO. 134E

| | | | |
|---------------------------|-------------|----------------|----------------------------|
| Amount of Aid | \$30,019.00 | Account Number | 12791687 |
| Amount Paid | 0.00 | Name | Adult Female |
| Balance Due | \$30,019.00 | Service Date | 04/25/2013 – 05/22/2013 |
| Compromise Amount Offered | 4,462.23 | Facility | Harbor UCLA Medical Center |
| Amount to be Written Off | \$25,556.77 | Service Type | Inpatient/Outpatient |

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Harbor UCLA Medical Center at a cost of \$30,019.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

| Disbursements | Total Claim | Proposed Settlement | Percent of Settlement |
|-----------------------|-------------|---------------------|-----------------------|
| Attorney Fees | \$ 5,000.00 | \$ 5,000.00 | 33.33% |
| Attorney Cost | 0.00 | 0.00 | 0.00% |
| Align Health Center | 3,719.00 | 1,000.00 | 6.67% |
| County of Los Angeles | 30,019.00 | 4,462.23 | 29.75% |
| Net to Client | N/A | 4,537.77 | 30.25% |
| Total | \$38,738.00 | \$15,000.00 | 100.00% |

Our financial investigation reveals that the client is unemployed and receives financial assistance from relatives. The client has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES - TREASURER AND TAX COLLECTOR
TRANSMITTAL NO. 134F

| | | | |
|---------------------------|--------------|----------------|-------------------------|
| Amount of Aid | \$288,923.00 | Account Number | 12868085 |
| Amount Paid | 0.00 | Name | Adult Female |
| Balance Due | \$288,923.00 | Service Date | 09/18/2013 – 03/04/2014 |
| Compromise Amount Offered | 5,000.00 | Facility | LAC USC Medical Center |
| Amount to be Written Off | \$283,923.00 | Service Type | Inpatient/Outpatient |

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$288,923.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

| Disbursements | Total Claim | Proposed Settlement | Percent of Settlement |
|-----------------------|--------------|---------------------|-----------------------|
| Attorney Fees | \$ 5,000.00 | \$ 5,000.00 | 33.33% |
| Attorney Cost | 32.24 | 32.24 | 0.21% |
| County of Los Angeles | 288,923.00 | 5,000.00 | 33.33% |
| Net to Client | N/A | 4,967.76 | 33.13% |
| Total | \$293,955.24 | \$15,000.00 | 100.00% |

Our financial investigation reveals that the client supports herself with a marginal income. The client has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES - TREASURER AND TAX COLLECTOR
TRANSMITTAL NO. 134G

| | | | |
|---------------------------|--------------|----------------|-------------------------|
| Amount of Aid | \$68, 897.00 | Account Number | 12808991 |
| Amount Paid | 0.00 | Name | Adult Male |
| Balance Due | \$68,897.00 | Service Date | 08/12/2013 – 09/04/2013 |
| Compromise Amount Offered | 4,884.66 | Facility | LAC USC Medical Center |
| Amount to be Written Off | \$64,012.34 | Service Type | Inpatient/Outpatient |

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$68,897.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

| Disbursements | Total Claim | Proposed Settlement | Percent of Settlement |
|-----------------------|-------------|---------------------|-----------------------|
| Attorney Fees | \$ 5,000.00 | \$ 5,000.00 | 33.33% |
| Attorney Cost | 346.00 | 346.00 | 2.31% |
| County of Los Angeles | 68,897.00 | 4,884.66 | 32.56% |
| Net to Client | N/A | 4,769.34 | 31.80% |
| Total | \$74,243.00 | \$15,000.00 | 100.00% |

Our financial investigation reveals that the client is unemployed and receives financial assistance from his relatives. The client has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES - TREASURER AND TAX COLLECTOR
TRANSMITTAL NO. 134H

| | | | |
|---------------------------|-------------|----------------|----------------------------|
| Amount of Aid | \$70,931.00 | Account Number | 12817164 |
| Amount Paid | 0.00 | Name | Adult Male |
| Balance Due | \$70,931.00 | Service Date | 08/05/2013 – 10/18/2013 |
| Compromise Amount Offered | 30,306.29 | Facility | Harbor UCLA Medical Center |
| Amount to be Written Off | \$40,624.71 | Service Type | Inpatient/Outpatient |

JUSTIFICATION

The client was involved in an automobile versus motorcycle accident. He was treated at Harbor UCLA Medical Center at a cost of \$70,931.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$75,000.00 and proposes the following disbursement:

| Disbursements | Total Claim | Proposed Settlement | Percent of Settlement |
|-----------------------|-------------|---------------------|-----------------------|
| Attorney Fees | \$25,000.00 | \$ 25,000.00 | 33.33% |
| Attorney Cost | 327.09 | 327.09 | 0.44% |
| County of Los Angeles | 70,931.00 | 30,306.29 | 40.41% |
| WestMed Ambulance | 1,706.47 | 1,177.75 | 1.57% |
| Net to Client | N/A | 18,188.87 | 24.25% |
| Total | \$97,964.56 | \$75,000.00 | 100.00% |

Our financial investigation reveals that the client supports himself with a marginal income. The client has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES - TREASURER AND TAX COLLECTOR
TRANSMITTAL NO. 134 I

| | | | |
|---------------------------|--------------|----------------|-------------------------|
| Amount of Aid | \$32, 220.00 | Account Number | 12869919 |
| Amount Paid | 0.00 | Name | Adult Male |
| Balance Due | \$32,220.00 | Service Date | 10/12/2013 – 03/28/2014 |
| Compromise Amount Offered | 4,884.00 | Facility | LAC USC Medical Center |
| Amount to be Written Off | \$27,336.00 | Service Type | Inpatient/Outpatient |

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$32,220.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

| Disbursements | Total Claim | Proposed Settlement | Percent of Settlement |
|-----------------------|-------------|---------------------|-----------------------|
| Attorney Fees | \$ 5,000.00 | \$ 5,000.00 | 33.33% |
| Attorney Cost | 347.00 | 347.00 | 2.32% |
| County of Los Angeles | 32,220.00 | 4,884.00 | 32.56% |
| Net to Client | N/A | 4,769.00 | 31.79% |
| Total | \$37,567.00 | \$15,000.00 | 100.00% |

Our financial investigation reveals that the client supports himself with a marginal income. The client has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR
TRANSMITTAL NO. 134J

| | | | |
|---------------------------|-------------|----------------|----------------------------|
| Amount of Aid | \$51,232.00 | Account Number | 12842191 |
| Amount Paid | 0.00 | Name | Adult Male |
| Balance Due | \$51,232.00 | Service Date | 10/18/2013 – 12/04/2013 |
| Compromise Amount Offered | 9,582.92 | Facility | Harbor UCLA Medical Center |
| Amount to be Written Off | \$41,649.08 | Service Type | Inpatient/Outpatient |

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$51,232.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$30,000.00 and proposes the following disbursement:

| Disbursements | Total Claim | Proposed Settlement | Percent of Settlement |
|-----------------------|-------------|---------------------|-----------------------|
| Attorney Fees | \$10,000.00 | \$10,000.00 | 33.33% |
| Attorney Cost | 344.00 | 344.00 | 1.15% |
| County of Los Angeles | 51,232.00 | 9,582.92 | 31.94% |
| McCormick Ambulance | 1,616.75 | 1,616.75 | 5.39% |
| Net to Client | N/A | 8,456.33 | 28.19% |
| Total | \$63,192.75 | \$30,000.00 | 100.00% |

Our financial investigation reveals that the client supports himself with a marginal income. The client has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES - TREASURER AND TAX COLLECTOR
TRANSMITTAL NO. 134K

| | | | |
|---------------------------|-------------|----------------|-------------------------|
| Amount of Aid | \$45,522.00 | Account Number | 12868454 |
| Amount Paid | 0.00 | Name | Adult Male |
| Balance Due | \$45,522.00 | Service Date | 11/01/2012 – 11/25/2013 |
| Compromise Amount Offered | 4,400.91 | Facility | LAC USC Medical Center |
| Amount to be Written Off | \$41,121.09 | Service Type | Inpatient/Outpatient |

JUSTIFICATION

The client was involved in an automobile versus bicycle accident. He was treated at LAC USC Medical Center at a cost of \$45,522.00. The client did not have Medi-Cal or private insurance.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

| Disbursements | Total Claim | Proposed Settlement | Percent of Settlement |
|------------------------|-------------|---------------------|-----------------------|
| Attorney Fees | \$ 5,000.00 | \$ 5,000.00 | 33.33% |
| Attorney Cost | 297.83 | 297.83 | 1.99% |
| County of Los Angeles | 45,522.00 | 4,400.91 | 29.34% |
| Edward G. Stokes, M.D. | 1,145.00 | 400.00 | 2.67% |
| Ramin Lavi, D.C. | 4,025.00 | 1,000.00 | 6.67% |
| Net to Client | N/A | 3,901.26 | 26.00% |
| Total | \$55,989.83 | \$15,000.00 | 100.00% |

Our financial investigation reveals that the client is unemployed and homeless. The client has no other source of income or tangible assets.